



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Richard W Wright Date of Request: Monday 15 Nov 04
ID # 187140 Date of Birth: 15 Aug 67 Location: _____
Nature of problem or request: I have several Medical problems in which has went unresponded too. Sores scabs on legs. Need some cream for rash in penis area. Facer bumps under neck. R.W.W.

Richard W Wright
Signature

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____
Time: ____ AM PM
Allergies: _____

RECEIVED Date: _____ Time: _____ Receiving Nurse Initials _____

(S)ubjective:

(O)bjective

(A)ssessment:

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard W Wright Date of Request: 12 Nov 04
ID # 187140 Date of Birth: 8-15-67 Location: eight(8) cell
Nature of problem or request: Sore SCABS ON legs never feally
goes away - rash in penis area - need shaving
profile For razor bumps on neck area

Richard W Wright
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective

(O)bjective

No Show **FOR PROFESSIONAL USE ONLY**
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Richard Wright Date of Request: 10 Nov 04
ID # 187140 Date of Birth: 8-15-67 Location: 8 Cell
Nature of problem or request: Sore - Scabs on legs need some
type of cream For rash in penis area, razor
bumps under neck. Need cream for

Richard W Wright
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: <u> </u>
Time: <u> </u>
Receiving Nurse Initials <u> </u>

(S)ubjectives

(O)bjective

No Show

(A)ssessment:

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

NAPHCARE
HEALTH SERVICES REQUEST FORM

Print Name: Richard Wright Date of Request: 11/16/02
ID#: 187140 Date of Birth: 8-15-67 Housing Location: 2-11
Nature of problem or request: ~~RAZOR RASH~~ AND
TOOTH ACHE

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: C. Battle Title: DA Date: 11/22/02

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**

Print Name: Richard Wright Date of Request: 6-12-96
ID #: 187140 Date of Birth: 08-15-67 Housing Location: 2 cell bed 91
Nature of problem or request: Tooth need Filling

I consent to be treated by health staff for the condition described.

SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

**FOR PROFESSIONAL USE ONLY
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Assessment: 6/13/96 S/K C/O filling out #30

Plan:

appt ASAP

Refer to: _____ PA/Physician _____ Mental Health ☒ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

PE

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Richard Wright Date of Request: 5/24/96
ID #: 187140 Date of Birth: 08/15/67 Housing Location: W 23
Nature of problem or request: Tooth need Filling

I consent to be treated by health staff for the condition described.

Richard W Wright
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

**NOT PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED**

Assessment:

Plan:

eye
of

Refer to: _____ PA/Physician _____ Mental Health ☒ Dental

Signature: M. Squire Title: RDH Date: 5/24 Time: _____

Alabama Department of Public Health
TB Division
RSA Tower/201 Monroe Street
Montgomery, Alabama 36130-3017

TB Skin Test Report

County Code <u>12</u>	Target Testing <input checked="" type="checkbox"/>	PROJECT <u>0401</u>	CHR# <u>187140</u>
Last Name <u>Weight</u>		MI	
First Name <u>Richard</u>			
Patient Home Address <u>Bulllock</u>			
City <u>Union Springs</u>			
State <u>AL</u>	Zip Code	Home Phone	
SSN: <u> </u>		Test Administered By: <input checked="" type="checkbox"/> TB Staff <input type="checkbox"/> Health Department <input type="checkbox"/> PH Nurse <input checked="" type="checkbox"/> Other <input type="checkbox"/> Other	
Date of Birth: <u>08-15-1967</u> SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F			
Race: W <input type="checkbox"/> B <input type="checkbox"/> AI <input type="checkbox"/> A <input type="checkbox"/> AN <input type="checkbox"/> HPI <input type="checkbox"/> O <input type="checkbox"/> ETHNICITY: Hispanic or Latino: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Reason Tested: <input type="checkbox"/> Health Care Worker <input type="checkbox"/> Foreign Born <input type="checkbox"/> Medical Risk <input type="checkbox"/> Homeless <input type="checkbox"/> Shelter <input checked="" type="checkbox"/> Jail/Prison <input type="checkbox"/> Student <input type="checkbox"/> Not at Risk <input type="checkbox"/> Occupational		Contact to Case/Suspect: <input type="checkbox"/> YES <input type="checkbox"/> NO	Risk Categories: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C
PPD ONE: Provider#: <u> </u> Lot#: <u> </u> Date of Test: <u>05-11-2004</u> Antigen: <input checked="" type="radio"/> AP <input type="radio"/> TU		PPD TWO: Provider#: <u> </u> Lot#: <u> </u> Date of Test: <u>02-27-2004</u> Antigen: <input checked="" type="radio"/> AP <input type="radio"/> TU	
Provider#: <u> </u> Date Read: <u>05-14-2004</u> Result: <u>02</u> mm <input type="radio"/> Not Read		Provider#: <u> </u> Date Read: <u>07-30-2004</u> Result: <u>02</u> mm <input type="radio"/> Not Read	

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002

4739494381



Date/Time	
0-24-05 / 0745	I/m to HCU per DOC reg. officer, given O.I.CC ID TB skin test (L) FA. venjo. sheet on site care / reading date given. States under- standing of all
0850	P. instructed to sign up for sick call. G. Co. head of P. W. W. W. W. W.



INFIRMARY NURSING PROGRESS NOTES

3/4/05 4:15 P. P.E. Rec. in 4 cu. Quarantined and Clean
for Kitchen duty. J. Miller

04-26-05/0750 I.M. refuses TB skin test. Mr. Downing
aware, I.M. → see per DOC. J. Miller

5/4/05 9:15 AM Had DOC to bring inmate to Health
Care spoke to inmate in ref to refusing
his TB skin test. Inmate states
I've had to many skin test in the
past, I'm not taking it because
it makes a rash on my leg & face.
NO rash noted on legs or face @
present. Inmate agreed to take
TB skin in two months he states
after some of the medicine is out
of my system. J. Miller

5/4/05 10:15 AM Spoke to site physician Dr. Rayapati
Warden Gules and S.A.D Mr. Parks
in ref. to inmate refusing skin test.
J. Miller

5/5/05 10:25 AM Spoke to Dr. Morris in ref to above
refusal, States we can't force him
he'll have to stay in seg. J. Miller

5-5-05/1510 spoke to Dr. Rayapati re: eye exam on 02-18-05,
cont. to await classes from Bullock. J. Miller

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
WRIGHT, Richard	137140	8-15-67	born	vec